

352

Tracking of fathers' self-efficacy for promotion of young children's healthy eating and associations with child dietary intakes

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Background: Recent work indicates fathers' parenting behaviours contribute to the development of children's dietary behaviours and subsequent weight outcomes. Understanding fathers' perceptions of their effectiveness to influence these behaviours will allow the development of successful family-based interventions promoting obesity protective behaviours. This study examined: (1) tracking of paternal self-efficacy for promoting healthy dietary behaviours in young children, and (2) associations between paternal self-efficacy and young children's dietary intakes.

Methods: Fathers ($n = 195$) from the Extended Infant Feeding Activity and Nutrition Trial Program reported self-efficacy for promoting healthy dietary behaviours at child age 4 and 36 months. Multinomial logistic regression examined self-efficacy tracking categories (persistently high; persistently low; increasing; decreasing) by paternal age, education and BMI. Linear regression examined associations between paternal self-efficacy tracking categories and child dietary intakes at 36 months.

Results: Paternal self-efficacy for promoting children's healthy dietary behaviours reduced over time. Fathers with trade/certificate or university qualifications had lower odds of having persistently low/decreasing self-efficacy (97% and 87% lower respectively) compared to high-school educated fathers. Positive associations (β (95% CI)) were observed between paternal self-efficacy category and children's dietary intakes at 36 months: increasing self-efficacy and fruit ($\beta 89.8$ (6.8; 172.7)), and vegetables ($\beta 39.2$ (12.2; 66.2)); persistently high self-efficacy and water ($\beta 69.1$ (2.9; 135.1)); decreasing self-efficacy and non-core drinks ($\beta 30.1$ (10.1; 50.1)). Persistently high self-efficacy was negatively associated with non-core drinks ($\beta -20.2$ (-34.8; -5.5)), with negative associations observed between decreasing self-efficacy and children's intakes of fruit ($\beta -49.9$ (-87.5; -12.3)), vegetables ($\beta -19.9$ (-31.7; -8.2)) and water ($\beta -92.4$ (-172.6; -12.3)).

Conclusions: Higher and/or sustained paternal self-efficacy is associated with fathers' education and is important in promoting children's healthy dietary behaviours. Associations between paternal self-efficacy and children's dietary intakes are present at a young age. Future interventions should consider maintaining and improving paternal self-efficacy to promote obesity protective behaviours from an early age.

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353

Understanding facilitators and barriers to engagement in Whānau Pakari: a family-based, multi-disciplinary programme for children and adolescents

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Background: Despite increased focus on childhood obesity management nationally, the retention and engagement of participants and their families in intervention programmes remains challenging. Whānau Pakari is a family-based, multi-disciplinary obesity intervention programme for children and adolescents. Greatest reductions in BMI SDS were achieved when participants attended $\geq 70\%$ of sessions, as asked. The objective of this study was to understand facilitators and barriers to engagement in Whānau Pakari, particularly for Māori, New Zealand's Indigenous population.

Methods: Past eligible Whānau Pakari participants ($n = 422$), including those who were offered a referral but then declined further contact, were invited to undertake an anonymous survey online, by phone or by post (78 were unable to be contacted, leaving a total $n = 344$).

Results: Of those eligible to participate, $n = 71$ completed the survey (71/344, 21%) (45% identified as Māori and 89% female). All respondents had accepted their referral to Whānau Pakari. High attendance levels were associated with respondents reporting the sessions to be conveniently located ($p = 0.03$). Attendance levels were lower when respondents considered other priorities to be more important for their family ($p = 0.02$). Māori more frequently reported that past negative experiences of healthcare influenced their decision to attend Whānau Pakari ($p = 0.03$). Common facilitators identified in survey responses included perceived convenience of the service, and parental motivation to improve their child's health.

Conclusions: Programme convenience is a facilitator to attendance, as well as parental and self-motivation to improve health. Given only participants who accepted their referral responded to the survey and response rate was low, there is a need to determine barriers to initial engagement for the group who declined further contact with the service. In-depth interviews are underway to understand the relationship between past experiences with healthcare and subsequent engagement with services such as Whānau Pakari, particularly for Māori.

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